

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759065

**FILED
Mar 03, 2017
Secretary of State
CC9721514167**

Entity Name: COUNTRY PINES OF NORTH FORT MYERS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O SILVERCRESTED MANAGEMENT LLC
125 SW 3RD PLACE STE 207
CAPE CORAL, FL 33991

Current Mailing Address:

C/O SILVERCRESTED MANAGEMENT LLC
P.O. BOX 1848
FORT MYERS, FL 33902 US

FEI Number: 59-2267111

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SILVERCRESTED MANAGEMENT LLC
C/O SILVERCRESTED MANAGEMENT LLC
125 SW 3RD PLACE STE 207
CAPE CORAL, FL 33991 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name VISAGGIO, MATHEW
Address C/O SILVERCRESTED MANAGEMENT
 LLC
 P.O. BOX 1848
City-State-Zip: FORT MYERS FL 33902

Title SECRETARY
Name MACKLER, JENNIFER
Address C/O SILVERCRESTED MANAGEMENT
 LLC
 P.O. BOX 1848
City-State-Zip: FORT MYERS FL 33902

Title VP, TREASURER
Name NELSON, RONALD
Address C/O SILVERCRESTED MANAGEMENT
 LLC
 P.O. BOX 1848
City-State-Zip: FORT MYERS FL 33902

Title DIRECTOR
Name HEUBERGER, MARK
Address C/O SILVERCRESTED MANAGEMENT
 LLC
 P.O. BOX 1848
City-State-Zip: FORT MYERS FL 33902

Title DIRECTOR
Name LEBARGE, DONALD R
Address C/O SILVERCRESTED MANAGEMENT
 LLC
 P.O. BOX 1848
City-State-Zip: FORT MYERS FL 33902

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RONALD NELSON

VICE PRESIDENT

03/03/2017

Electronic Signature of Signing Officer/Director Detail

Date